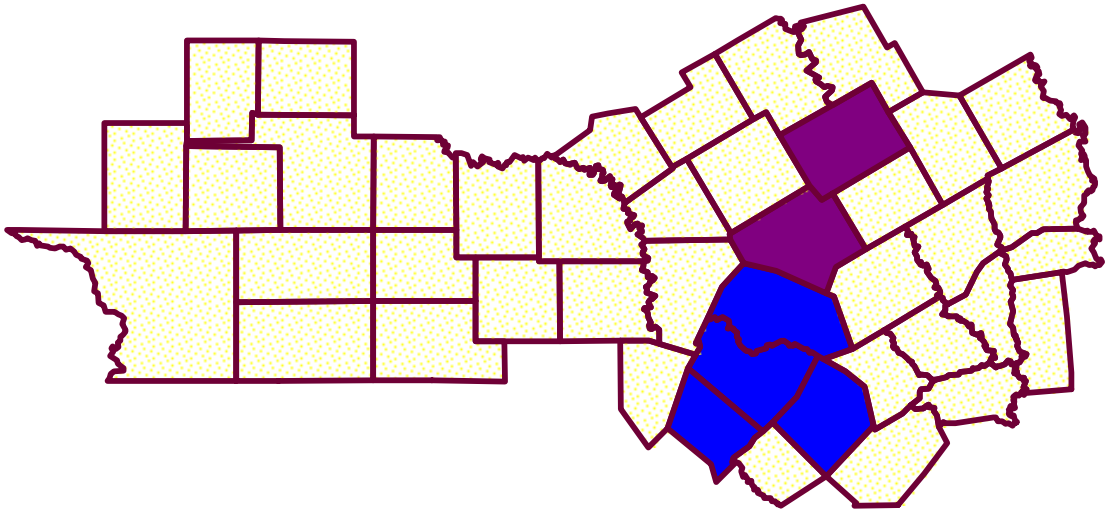
Central Texas

HIV Epidemic Profile



Produced by the
Research & Program Evaluation Branch
Bureau of HIV and STD Prevention
Texas Department of Health

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Central Texas HIV Epidemic Profile

Your planning region is divided into 2 High Morbidity Analysis Zones and 1 Low Morbidity Analysis Zone:

High Morbidity Analysis Zones (HMAZ):

HMAZ	Counties	Population
South I35 Corridor (HMAZ 7)	Bastrop, Hays, Travis, Williamson	1,025,206
North I35 Corridor (HMAZ 18)	Bell, McLennan	407,524

Low Morbidity Analysis Zone (LMAZ)

LMAZ	Counties	Population
Rural Central Texas (LMAZ 3)	Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coke, Concho, Coryell, Crockett, Falls, Fayette, Freestone, Grimes, Hamilton, Hill, Irion, Kimble, Lampasas, Lee, Leon, Limestone, Llano, Madison, Mason, McCulloch, Menard, Milam, Mills, Reagan, Robertson, San Saba, Schleicher, Sterling, Sutton, Tom Green, Washington	757,557

Morbidity Ranking for South Texas

We estimated the case rates for each of the subpopulations seen below in Table 1 for each of the following “morbidity” indicators:

- AIDS cases reported in 1998,
- the number of living AIDS cases as of October 19, 1999,
- HIV cases reported in 1999,
- CTS positives reported in 1998
- STD cases reported in 1998

These rates were then translated into scores: the higher the rate, the higher the morbidity score. The morbidity scores were then added together to make up a “Total Morbidity” score. (See Appendix 1 for details on how the scores were calculated). These morbidity scores are shown in Table 1 below.

Table 1: Morbidity Scores for Central Texas

BDTP	Race/Ethnicity	South I35 Corridor Total Morbidity	Rank	North I35 Corridor Total Morbidity	Rank	Rural Central Texas Total Morbidity	Rank
IDU women	African American	59	1	53	2	32	3
M/MS	African American	58	2	50	3	23	4
F/MS women	African American	57	3	47	4	36	1
IDU men	African American	49	4	57	1	34	2
M/MS	Hispanic	40	5	24	6	11	9
F/MS men	African American	40	5	41	5	19	6
M/MS	white	34	7	19	9	12	8
IDU men	Hispanic	29	8	24	6	9	10
IDU women	Hispanic	26	9	16	10	12	8
F/MS women	Hispanic	23	10	24	6	9	10
IDU men	white	21	11	16	10	16	7
F/MS men	Hispanic	20	12	15	12	8	14
IDU women	white	19	13	14	14	21	5
F/MS women	white	15	14	15	12	9	10
F/MS men	white	9	15	8	15	5	15

In general..

- For almost all groups, the morbidity scores for men and women in the South I35 Corridor are higher than the scores in the other zones of this planning area. For all groups, morbidity indicators are much lower in the rural parts of the planning area than in the Austin and Waco areas.

- It is difficult to break all of the risk populations down by race/ethnicity and keep stable disease and risk indicators due to the size of the populations. When racial/ethnic groups are pulled together, M/MS show greater evidence of disease than do IDU, who show higher rates of disease than F/MS groups. In summary, the M/MS groups tend to hover at the top of the ranking, with most of the F/MS subpopulations towards the bottom.

- It is difficult to interpret the rates for the African American subpopulations in this planning area due to the small size of this population – more details below. However, evidence shows that there is a burden of STD and HIV/AIDS disease in this small population, especially in the Waco area (North I35).

- Some general statements about the HIV morbidity profile for this planning area as a whole can be made. Leaving aside African American subpopulations, in general, white and Hispanic M/MS and Hispanic and white male IDU appear to have solid evidence of HIV infection in all parts of the planning area. These groups are followed closely by white female IDU, then Hispanic and white F/MS.

- There are enough differences, however, among the epi profiles within each HMAZ to make individual discussions helpful.

More specifically…

South I35 Corridor:

- Based on the epi indicators included in this report, the first cluster is made up of African American IDU (male and female), African American M/MS and African American F/MS. These groups of African Americans show very high rates of living AIDS cases, and strong rates of HIV infections reported in 1999. The rate of newly reported HIV in 1999 was 2 times higher in African American men than in white men, but similar to the rate in Hispanic men. Differences in HIV rates were more obvious for women. The rate among African American women was 7 times higher than the rate for white women, and 9 times higher than the rate for Hispanic women. There are also high rates of STD in the African American population. In African American men, the rate of syphilis is 10 times higher than among white or Hispanic men, rates of gonorrhea are 5 to 19 times higher than rates for these groups of men, and the chlamydia rate is 2 to 9 times higher than the rate for white or Hispanic men. Among women, rates for gonorrhea are 5 to 16 times higher for African Americans compared to whites and Hispanics, and rates for chlamydia are 1.9 to 8 times higher.

- The second cluster, very close to the cluster above with solid evidence of disease, is made up of white and Hispanic M/MS. For these groups, there is evidence of both AIDS cases and newer HIV infections. In general, the Hispanic population in this part of the planning area has higher STD rates than do whites.

- A third cluster is made up of white IDU (male and female) and Hispanic male IDU. These sub-populations show moderate evidence of AIDS with fewer recent HIV infections.

- The fourth cluster is made up of Hispanic female IDU and white and Hispanic F/MS. This group is characterized by lower recent HIV infections and AIDS rates. But it could be argued that white heterosexual females should be categorized with the group above, with an HIV infection rate that is more similar to that seen for white female IDU, although the AIDS case rate for the heterosexual group is much lower. This may indicate, however, that white heterosexual females is a group with emerging infections.

North I35 Corridor:

- Both the Hispanic and African American populations in this part of the planning area are relatively small – there are about 1.5 times the number of whites in the general population of these two counties than there are of African Americans and Hispanics put together. However, there is a strong burden of HIV and STD-related disease in the African American population in this area. African Americans accounted for almost half of the

newly reported HIV infections in 1999, and African American women accounted for 3 of the 5 newly reported HIV infections. Rates of living AIDS cases are 2 to 5 times higher among African American men and women in this part of the planning area than among white and Hispanic men and women, and rates of STD are 5 to 20 times higher for African Americans compared to whites and Hispanics. The bulk of the epidemiologic evidence indicates that African American M/MS, African American IDU, and African American F/MS should be considered top priorities for HIV prevention work in these two counties. However, the relatively small size of these risk groups may present special challenges in terms of picking effective approaches to prevention. The CPG may want to spend time discussing how best to target this special population.

- Looking at Hispanic and white risk subpopulations, the first cluster is made up of Hispanic and white M/MS, and Hispanic and white male IDU. This ranking is based on looking at HIV and AIDS related disease rates without STD evidence. All these groups show evidence of both older and newer infections. Hispanic M/MS show rates of HIV infection higher than their rates of living AIDS cases—focus some effort on finding out more about this group!

- White female IDU and white female F/MS come next.—these groups have lower AIDS, HIV, and STD rates, but there is still evidence of infection in these populations.

- White male F/MS, Hispanic female IDU and Hispanic F/MS (male and female) are next. These groups show scattered evidence of HIV/AIDS disease across the different indicators used in this report. The heterosexual groups F/MS show some evidence of newer and more recently detected infections, but no HIV infections reported for 1999. There are no AIDS or HIV reports for the years included in this report for Hispanic female IDU.

Rural Central Texas:

- This is a very large, spread out jurisdiction with the lowest overall HIV and AIDS related indicators.

- 28% and 21% of the living AIDS cases in Rural Central Texas were diagnosed in Brazos and Tom Green Counties, respectively. No HIV infections were reported in these counties in the first nine months of 1999.

- In general for these counties, rates of HIV, AIDS, and STD included in this report are higher among African Americans than among whites or Hispanics.

- It is also helpful to look at trends in behavioral subpopulations. Rates for IDU in these counties are higher than rates seen in M/MS and F/MS. However, because of the small estimated size of this behavioral subpopulation, it is difficult to break IDU down by race/ethnicity
- A second cluster to consider is white and Hispanic M/MS and African American F/MS. Although there is currently limited HIV infection in the community, there is substantial less than the IDU groups.

- The third cluster is white and Hispanic F/MS. This cluster has limited AIDS and HIV infection information.

Risk Ranking for Central Texas

The information in the table below comes from 1999 PCPE information.

The scores in the table below were based on information from clients in the different subpopulations that received PCPE services in 1999. The scores are based on the percent of clients in each of the subpopulations who reported the following risks:

- "Almost never" using barriers with anal, vaginal or oral sex
- History of STD
- Multiple sex and/or needle sharing partners
- Trading sex
- Substance use with sex
- Sharing needles
- Sex or needle sharing partner at risk for HIV
- Sex or needle sharing partner with multiple partners

The highest scores will be seen for the subpopulations where a large percentage of the clients reported multiple risks. Appendix 2 has detailed information about the risk scores for each subpopulation.

Table 2: Risk Scores from 1999 PCPE Information

		South I35 Corridor		North I35 Corridor		Rural Central Texas	
BDTP	Race/Ethnicity	Rank Score	Rank	Rank Score	Rank	Rank Score	Rank
IDU women	white	64	1	47	1	71	1
IDU women	Hispanic	59	2	37	4	59	4
IDU men	white	56	3	44	2	71	1
IDU women	African American	53	4	33	7	0	15
IDU men	Hispanic	51	5	41	3	62	3
M/MS	white	45	6	37	4	44	7
M/MS	African American	44	7	33	7	42	8
M/MS	Hispanic	42	8	32	9	51	5
IDU men	African American	41	9	29	12	50	6
F/MS men	Hispanic	40	10	32	9	40	9
F/MS women	white	39	11	36	6	36	10
F/MS men	white	37	12	27	13	32	13
F/MS men	African American	36	13	31	11	33	12
F/MS women	African American	35	14	26	14	31	14
F/MS women	Hispanic	33	15	26	14	36	10

*values and ranks in yellow do not have data on some risk behaviors, and thus may rank lower.
**values and ranks in salmon are missing information on risks for this sub-population.

- Five of the top six sub-populations in terms of risk are all IDU. These sub-populations would still be the top five even if sharing injection equipment/works is not considered in risk ranking. Risk categories that elevate IDU in Central Texas are multiple partners, partner risk, and involvement in sex trade.

- Note that more information is needed about risks of African Americans and IDU in most of the planning area.

- Six of the seven bottom ranked categories in terms of risk behavior are F/MS sub-populations. Risk categories that contribute to the reduced risk in these sub-populations are barrier use with anal sex and fewer partners. The low risk values in these categories indicate successful prevention efforts in these communities.

YOU CAN FIND MORE DETAILED INFORMATION ON RISK POPULATIONS IN THE SECTIONS THAT FOLLOW.